CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Steven		Date Received .
	Aldrich	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT/SUITE#; CITY: 707 Honey Suckle Lane College Station, TX	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 229-4246	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. David NICKNAME LAST HICKSON	MI V. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 12639 State Hwy. 30 College Station, TX 77845	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 587-2101	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 27 / 13 THROUGH	Month Day 10 /2 6	
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff D	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN College St Place 2	ation CityCouncil
	GOTOPAG	GE 2	

(TDD 1-800-735-2989)

OTHER THAN PLEDGES OR LOANS

POLITICAL CONTRIBUTIONS SCHEDULE A

•				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Steve	n H.W. Aldrich		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/29/13	William Flores 6 Contributor address; City; State; Zip Code 4715 Copper-field Drive Bryan, TX 77802	,	2000	
	Dryan, 12 11802		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/13	Charles Thomas Contributor address; City; State; Zip Code P. O. Box 10106 College Station, TX 17812		25000	· · · · · · · · · · · · · · · · · · ·
				of Texas, complete Schedule T)
Principal occup Buu	pation / Job title (See Instructions)	Employer (See I Charles T		mes Inc.
Date	Full name of contributor out-of-state PAC (ID#_ Jim & Mary Cashion)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/13	Contributor address; City; State; Zip Code		25000	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) SUVANCE Broker	Employer (See I SC/F C M _J		
Date	Full name of contributor out-of-state PAC (ID#_	***************************************	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/13	Contributor address; City; State; Zip Code		2 - 00	
	Navasota, TX 77868		250	1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If travel outside	I of Texas, complete Schedule T)
Principal occu Preside	pation / Job title (See Instructions) ont / Lometa Petrol Corp.	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	· (Amount of	In-kind contribution
	Brian Watford		contribution (\$)	description (if applicable)
10/2/13	Contributor address; City; State; Zip Code 2903 Camelot Bryan, TX 77802		25000	1
	Bryan, TX 77802		## humpin 1 14-13-	of Tours assessed Calculate
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
1				1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
		3 ACCOUNT# /5	3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME Steve	en H.W. Aldrich		V ACCOUNT # (E	was sounneed there
4 Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of	8 In-kind contribution
	DI ala lilace		contribution (\$)	description (if applicable)
1-1-1-2	Phoebe Watt5 6 Contributor address; City; State; Zip Code			
10/2/10	6 Contributor address; City; State; Zip Code		\$1000°	! !
	1203 Royal Adelade	_	,,,,,	Į .
	College Station, TX 778KS	5	(16 teamed as deiste	of Towns annualists Cobodula T
0 0			<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)	
		<u> </u>		
Date	Full name of contributor		Amount of	In-kind contribution
**	Kens Lina Lawson Contributor address; City; State; Zip Code 2901 Camelot Drive		contribution (\$)	description (if applicable)
m/1/12	Contributor address: City: State: Zip Code		# - 00	1
10/2/13	200/ Camelot Drive		5000	
	2. 10 TV 77002			l !
	Bryan, TX 77802		(If traval outside	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete Schedule 1)
	and the control of th	p.:-, (0)	,	
Date	Full name of contributor)	Amount of	In-kind contribution
	/-/		contribution (\$)	description (if applicable)
, , ,	Mark J. Horian			! !
10/2/13	Contributor address; City; State; Zip Code		620000	1
·	Mark J. Florian Contributor address; City, State; Zip Code 320 University Dr., Suit	E 345	200	
	Bryan, TX 77802			
***************************************				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
<i> </i>	edical doctor	Plank Flor	ian, M. D.	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1/-	James P Miles		contribution (\$)	description (if applicable)
90/2/13	James P. Miles Contributor address; City; State; Zip Code P.O. Box 10467 College Station, TX 7784.		44. 00	l
	PA Prov 10467		# 100°00	I
	College Station TX 7784	2		1
	College Suntoin	-	(If traval autoida	of Tayas complete Schedule T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	D. 14 10 - 11/2		contribution (\$)	description (if applicable)
	Dwight & Himee Allen Contributor address; City; State; Zip Code			
10/2/13	Contributor address; City; State; Zip Code		#10000	! 1
	1311 Essex Green, TX T1845	•		1
	College Station, 1 1000	ر		
DringiI	postion / Joh title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
ľ	pation / Job title (See Instructions)	Employer (See	กาอแนะแบกร)	
	9110			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Stev	en H.W. Aldrich		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/2/13	Doug & Linda Rape' 6 Contributor address; City; State; Zip Code 716 Royal Adelade		#100°	
	College Station, TX 1784	5	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) homemaker	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.1.	Kyle & Barbara Hawtho Contributor address; City; State; Zip Code	rne		née .
10/2/13	320/ Caterina Lane		# 10000	
	College Station, TX 7784	5	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
	Full name of contributor out-of-state PAC(ID#:			I
Date	Ode He Bolano Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/13	Contributor address; City; State; Zip Code 3045 W. Montage Visto	n Dr.	\$10000	1
	Tucson, AZ 85745		(If travel outside	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions) 51. Joseph Health System	Employer (See 57. Jose	Instructions) oh Healti	h System
Date	Full name of contributor out-of-state PAC (ID#_	· · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/3/13	Contributor address; City; State; Zip Code 1716 Briarcrest Drive, Suit		\$50000	
	Bryan, TX 77802			
Dringing!	nation / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	pation / Job title (See Instructions) Hen †		115 Mgmt.	Inc.
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of	In-kind contribution
	Jim James	-ş	contribution (\$)	description (if applicable)
10/0/2	Contributor address; City; State; Zip Code		# 2 ~	
10/7/13	P.O. Box 1146		"300°	1
	Bryan, TX 77806		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
attori	ney	Jumes &	Reynold	7

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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
~	war 1/ W Aldriah			
	even H.W. Aldrich		-	
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Rone Viatio Sahmidt		,	
10/7/13	Kon & Vickie Schmidt 6 Contributor address; City; State; Zip Code		, ,,,	·
, , , , , ,	Contributor address, City, State, 219 Code		100-	1
	835 N. Rosemary Bryan, TX 77802			i
	Bryan, 7x 77802		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	eral Manager	TEXAS CON	nmercial C	Vaste
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Jay H. Granberry Jr		•	ή v
1/1/-	Contributor address; City; State; Zip Code			
10/7/13	Jay H. Granberry Jr. Contributor address; City; State; Zip Code 17245 Eagle Pass Drive		30000	·
	College Station, TX 778	DU E		
	conege scurion, 11 11	143	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
AH	orney	Gray & C	ranberry	4
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	John R. Clark Contributor address; City; State; Zip Code 3828 South College Ave.		contribution (\$)	description (if applicable)
. (/ -	Combailtean addresses City State: Zin Code		4	1
10/7/13	2820 Solve the Augustian Augustian		10000	1
, ,	De To Tour Tollegerire.			1
	Bryan, TX 77801		(If traval outside	of Texas, complete Schedule T)
Oringinal accur	pation / Job title (See Instructions)	Employer (See	L	or reads, complete conductor ry
Brok	er - Real Estate	Clark I	Senhor	
	Full name of contributor	\	Amount of	In-kind contribution
Date	· · · · · · · · · · · · · · · · · · ·	***************************************	contribution (\$)	description (if applicable)
المتينة	Michael G. & Sandra Shi Contributor address; City; State; Zip Code	chaefter	4	1
-			20000	1
10/7/13	18627 Tallulah Trail			
•	College Station, TX 778	45		1
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Bu	ulder			
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
·	Russ Ford		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		4,00	
10/7/13			100	1
, , , , , ,	P.O. BOX 100 Kurten, TX 77862			1
	Kurten, 1x 77862		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	A .
busin	ess development	hockwood,	Andrews 1	Vewman
3,500,76				•
	ATTACH ADDITIONAL COPIES O	NE THIS SCHEDIII F	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME Stev	en H.W. Abbrich	and the second	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/9/13	Emil Ogden 6 Contributor address; City; State; Zip Code P.O. Box 10134		\$5000	
	College Station, TX 7784	42	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor unt-of-state PAC(ID#_ Jason Bienski		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9/13	Contributor address; City; State; Zip Code 4406 Nottingham		#500°°	
	Bryan, TX 77802		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ R. Hunter Goodwin		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9/13	Contributor address; City; State; Zip Code		2000]
	College Station, TX 7784	0	(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Oldham Goodwin
Date	Full name of contributor out-of-state PAC (ID#	NOTIFICATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE	Amount of contribution (\$)	In-kind contribution description (if applicable)
10[4][3	2003 Moses Creek Ct		#2000	
	College Station, TX T18	45	(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I Oldhan		in
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17/13	Les/je & Kouren Lière Contributor address; City; State; Zip Code 4910 Augusta Curcle College Station, TX 772	845	425000	
Dringing on				I of Texas, complete Schedule T)
r imapai occup	ation / Job title (See Instructions)	Employer (See I	nau ucuuns)	
,				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

·				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
	teven H.W. Aldrich	.,		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Michael A. & Kara M. Holl	ngreen	contribution (\$)	description (if applicable)
10/9/13	6 Contributor address; City; State; Zip Code 5118 Bellerive Bend		#250 00	!
	College Station, TX 7784	5	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
		•	contribution (\$)	description (if applicable)
10/17/13	Parviz & Chantal Vessal/ Contributor address; City; State; Zip Code 110 Pershing avenue College Station, TX 7784		\$25000	· .
	College Station TX 7784	'n		1
				of Texas, complete Schedule T)
	pation / Job title (See Instructions) estate broker	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Taga 15 11/1/2		contribution (\$)	description (if applicable)
10/17/13	tercan & Fatma Kalkan Contributor address; City; State; Zip Code 700 Dominik Drive # 18	 603	\$500 as	
	College Station, TX 78		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) State Investor	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Tim Ottlinger Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
10/17/13	Contributor address; City; State; Zip Code		\$ 1000	
1. 1.0	3000 Cochise		6500	
	College Station, TX			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,		
				1
		Function of Co.		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
		I		
[·	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Travel Out Of District Salaries/Wages/Contract Labor Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
	The Instruction Guide	explains how to	complete this for	rm.	
1 Total pages Schedule F:	Steven H.W. Ala	lach	-	3 ACCOU	NT # (Ethics Commission Filers)
4 Date	5 Pavee name				
10/11/13)			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	····		
4104191	123 East Um Jæl 1 Bryan, TX 77802				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Tr	exes, complete Schedule T)
OF EXPENDITURE	Advertising Expe	ncp	250 50	1005	To the second se
9 Complete ONLY if direct	Candidate / Officeholder name	700	Office sough	1	Office held
expenditure to benefit C/O			omoo oougn	•	Office riesu
Date	Payee name				
10/25/13	Signs Now				
Amount (\$)	/	te; Zip Code		<u> </u>	——————————————————————————————————————
مرس الله	10187 State they	•			
#32475	College Station		45		•
PURPOSE	Category (See categories listed at the top			(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Advertising Ex	00.00			•
Complete ONLY if direct	Candidate / Officeholder name	DEMSC	Banne Office sought		O#== b=14
expenditure to benefit C/O			Onice sough		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Te	xas, complete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	ì	Office held
Date	Payee name			***************************************	
	r ayee hame				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
(,,	. Lyco Man, obs., Only, Old	o, zip oddo			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description ((If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C			O.noc aougin	'	Office field
	ATTACH ADDITIONAL CO	DIES OF THIS (CHEDINEAC	UEEDED.	
	ATTACH ADDITIONAL CO	"FIE3 UF 17113 S	PULL NO I	*EEDED	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME Steven	H.W.,	Aldrich 1	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
.	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,70000		
EXPENDITURE TOTALS					
	4. TOTAL POLITICAL EXPENDITURES \$ 1556				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E ORTING PERIOD	\$ 7853 ²⁴		
ØUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0 -				
18 AFFIDAVIT					
No.	RBARA LEE Vi ary Public, State of T My Commission Expir 2-15-2016	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAM		<l 1.<="" 11="" \.="" \alpha="" td=""><td>les a la</td></l>	les a la		
Sworn to and subs	0.4	me, by the said <u>Steven H. W. Alo</u> , 20 13 , to certify which, witness n	(Y)Ch, this the ny hand and seal of office.		
Barbara X Signature of officer admi	ee Vass	Barbara Lee Vass Printed name of officer administering oath	Secretary Title of officer administering oath		